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Medical Imagery

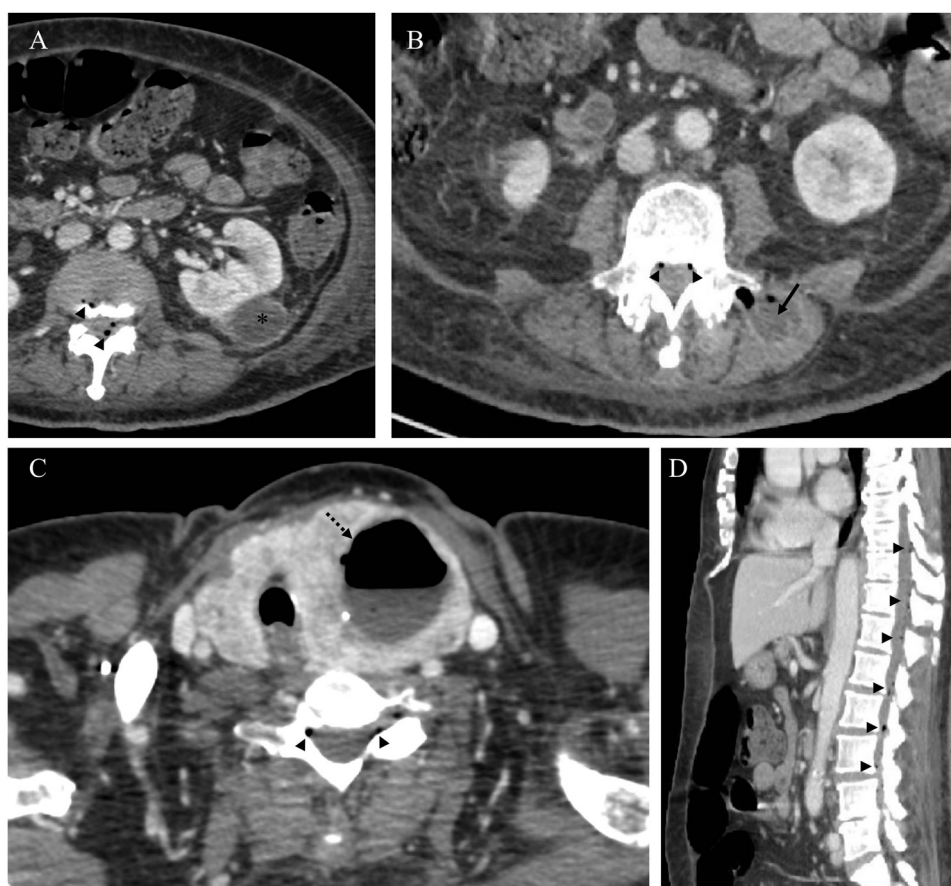
Diffuse *Escherichia coli* gaseous abscesses

Figure 1. Computed tomography scan showing a left kidney abscess (panel A, asterisk), an L3–L4 spondylodiscitis with a left erector spinal muscle abscess (panel B, arrow) with diffuse gas bubbles (all panels, arrow heads), and a voluminous thyroid abscess (panel C, dotted arrow).

A 73-year-old woman with a history of diabetes mellitus presented to the hospital with a fever $>39^{\circ}\text{C}$ of 5-day duration associated with left hip, left sacroiliac, and lower back pain and a painful cervical swelling. Laboratory findings revealed an inflammatory syndrome (C-reactive protein 245 mg/l and neutrophil count $29.6 \times 10^9/\text{l}$) and uncontrolled diabetes (fasting plasma glucose level 37.3 mmol/l and glycosylated haemoglobin 14%). Computed tomography (CT) revealed a left kidney abscess, left hip and sacroiliac effusions, L3–L4 spondylodiscitis with a left erector spinal muscle abscess, and a thyroid abscess responsible for a right-sided tracheal deviation (Figure 1). Gas bubbles were

observed in all of these lesions and along the epidural space. Cultures of blood, urine, and puncture samples from the left hip and the thyroid yielded an *Escherichia coli* strain, without anaerobes. A 12-week regimen of cefotaxime and ciprofloxacin along with surgical drainage of the thyroid abscess and strict glycaemic control allowed a favourable outcome, with no relapse after 2 years of follow-up. This case is a reminder of the high prevalence of *E. coli* infections in patients with poorly controlled diabetes, which can be associated with gas production, not confined to anaerobes.^{1,2} Diffuse involvement and the extension of gas into the epidural space are rare, as are thyroid abscesses,

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which can be triggered by underlying thyroid pathogenic conditions.³

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